



GENERIC TO ALL APPLICANTS:

Please ensure all required supporting documents and fees are attached to your completed application.

Applications will not be processed unless ALL required certificates, attachments and fees are included with the application form. Incomplete applications will be returned unprocessed to the applicant.

Registrations and renewals must be submitted AT LEAST 5 days prior to a promotion if the applicant wishes to be considered for that promotion.

APPLICANT DETAILS

FAMILY NAME		GIVEN NAMES		FIGHT NAME	
RESIDENTIAL ADDRESS				POST CODE	
POSTAL ADDRESS				POST CODE	
HOME PHONE		WORK PHONE		MOBILE	
EMAIL			GYM / TRAINER NAME		
DATE OF BIRTH (dd/mm/yyyy)		GENDER		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
EMERGENCY CONTACT PERSON / NEXT OF KIN:					
NAME			CONTACT NUMBER		

CAPACITY SPECIFIC DOCUMENTS WHICH MUST BE UPDATED (please tick your enclosed documents):

If you are registering in two (2) or more capacities, you must pay the most expensive class fee, PLUS \$80.00 for each additional class. E.g. If you wish to register as a Promoter, Matchmaker and a Manager the total cost will be \$490.00.

CONTESTANTS (\$100.00)	REFEREES (\$100.00)	JUDGES & TIMEKEEPERS (\$80.00)	PROMOTERS (\$330.00) / MATCHMAKERS (\$165.00) / MANAGERS (\$165.00)	TRAINERS / INSTRUCTORS / COACHES (\$82.50)
<input type="checkbox"/> Form & Fee. <input type="checkbox"/> Provide a current Serology Certificate (6 monthly). <input type="checkbox"/> Provide a current Certificate of Fitness (12 monthly). <input type="checkbox"/> (2) Recent passport size photographs - hard copies. <input type="checkbox"/> Copy of photograph identification.	<i>Must also complete a written exam and be qualified as a Judge and Timekeeper.</i> <input type="checkbox"/> Form & Fee. <input type="checkbox"/> Please provide a current Certificate of Fitness (12 monthly). <input type="checkbox"/> Statement of experience. <input type="checkbox"/> (2) Recent passport size photographs - hard copies. <input type="checkbox"/> Copy of photograph identification.	<i>Must also complete a written exam. Judges must be qualified as a timekeeper.</i> <input type="checkbox"/> Form & Fee. <input type="checkbox"/> Statement of experience. <input type="checkbox"/> (2) Recent passport size photographs - hard copies. <input type="checkbox"/> Copy of photograph identification.	<input type="checkbox"/> Form & Fee <input type="checkbox"/> Statement of experience. <input type="checkbox"/> (2) Recent passport size photographs - hard copies. <input type="checkbox"/> Copy of photograph identification.	<input type="checkbox"/> Form & Fee. <input type="checkbox"/> Statement of experience <input type="checkbox"/> (2) Recent passport size photographs - hard copies <input type="checkbox"/> Copy of photograph identification

All Registrations are valid for three years from the date of application.

APPLICATION TO REGISTER IN THE FOLLOWING CAPACITY: PLEASE NOTE: Referee's are registered as a Judge and Timekeeper, Judges are also registered as a Timekeeper

<input type="checkbox"/> Contestant	<input type="checkbox"/> Promoter	<input type="checkbox"/> Referee
<input type="checkbox"/> Trainer / Coach	<input type="checkbox"/> Match Maker	<input type="checkbox"/> Judge
	<input type="checkbox"/> Manager	<input type="checkbox"/> Timekeeper

APPLICATION TO REGISTER IN THE FOLLOWING CATEGORY:

<input type="checkbox"/> Class – Boxing	<input type="checkbox"/> Class – Muaythai	<input type="checkbox"/> Class (Other) _____
<input type="checkbox"/> Class – MMA	<input type="checkbox"/> Class – Kickboxing	

PREVIOUS REGISTRATION:

HAVE YOU EVER BEEN REGISTERED WITH ANY OTHER COMBAT SPORT AUTHORITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATE/COUNTRY
CLASS / COMBAT SPORT:	CAPACITY:	
HAVE YOU EVER BEEN DISCIPLINED OR HAD YOUR REGISTRATION WITH ANY OTHER COMBAT SPORT AUTHORITY CANCELLED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DETAILS

IDENTIFICATION DETAILS:

<input type="checkbox"/> DRIVERS LICENCE <input type="checkbox"/> PASSPORT <input type="checkbox"/> PROOF OF AGE CARD <input type="checkbox"/> OTHER – please provide details:	
EXPIRY DATE	PLACE OF ISSUE



CONTEST RECORD: Contestant		
COMBAT SPORT	No. OF AMATEUR CONTESTS (W-L-D)	No. OF PROFESSIONAL CONTESTS (W-L-D)
Boxing		
Muaythai		
Kickboxing		
Mixed Martial Arts		
OTHER :		

PROBITY CHECK: This MUST be completed before submitting.

PLEASE NOTE: APPLICANTS MAY BE SUBJECT TO A PROBITY CHECK. CONFIDENTIALITY IS ASSURED REGARDING YOUR ANSWERS.

Have you been convicted of/or are you currently charged with any offences involving violence, drugs (illicit) use / distribution or fraud / theft? If so, please provide details. Answers to this question are not a determination with respect to this application, rather a relevant consideration.

YES NO

Details:

DECLARATION: This MUST be completed before submitting.

Declaration - I declare that the information provided in this application is true and correct in every detail. I acknowledge under Section 53 of the *Combat Sports Act 1987* I am liable for a fine of up to \$12,000 if I provide any information that is false or misleading.

Probity Check - I acknowledge that I may be subject to a probity check to determine if I am a fit and proper person for registration under the *Combat Sports Act 1987*.

Permission to Disclose and Publish Personal Information - I give permission to the WA Combat Sports Commission to publish my personal registration details, contest records and medical details in the database of the Commission and I approve of the Commission disclosing such details to other regulatory bodies in Australia and elsewhere.

Agreement to Participate in Anti-Doping Testing - I agree to participate, when requested to do so, in anti-doping testing for substances and methods prohibited by the Australian Sports Anti-Doping Authority (ASADA) and the World Anti-Doping Agency (WADA) in the current WADA List of Prohibited Substances and Methods. I acknowledge that I must not take or allow any person to administer to me any substance or method that is listed as prohibited in the WADA List of Prohibited Substances and Methods.

SIGNED: _____ DATE: _____

PARENTAL CONSENT: This MUST be completed by parent/guardian of contestant under 18 years of age before submitting.

I, the undersigned parent or guardian of the applicant who is a minor, assert that I have the legal authority to act on behalf of the minor, and I execute the above Declaration on behalf of the minor, and bind myself and the minor to its conditions.

NAME OF PARENT / GUARDIAN: _____ DATE: _____

SIGNATORY'S RELATIONSHIP TO APPLICANT: _____ SIGNED: _____

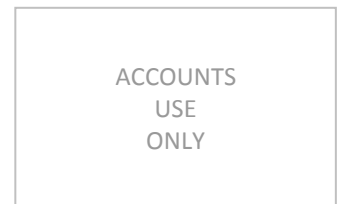
PAYMENT DETAILS: CASH CANNOT BE TAKEN AT THE WEIGH IN. PLEASE PAY DURING OFFICE HOURS OR PROVIDE CREDIT DETAILS.

<input type="checkbox"/> CREDIT CARD PAYMENTS - <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD		
NAME ON CARD: _____		CARDHOLDER'S SIGNATURE: _____
CARD NUMBER: _____	EXPIRY DATE: _____	AMOUNT: \$ _____
<input type="checkbox"/> CASH	<input type="checkbox"/> DIRECT DEPOSIT	<input type="checkbox"/> CHEQUE

PCSC - Commonwealth Bank BSB 066-040 ACC# 16700105

Please ensure that you have attached/enclosed ALL the documents and fees relevant to your application and send to:

Executive Officer,
 Combat Sports Commission
 Department of Sport and Recreation
 PO Box 329, LEEDERVILLE WA 6903
 Phone: 08 9492 9700
 Fax: 08 9492 9711
 Email: combatsport@dsr.wa.gov.au
 ABN: 85 243 853 379



BOXCOM 14190 CFR AAAA AAAAA
 Total includes GST